

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-0973.M2

NOTICE OF INDEPENDENT REVIEW DECISION

August 9, 2002

RE: MDR Tracking #: M2-02-0995-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 35 year old female sustained a work-related injury on ___ when a co-worker moved a chair that she was about to sit in and she subsequently fell, landing directly on her buttocks and left side. The patient has had multiple complaints related to this injury including pain in the neck, low back, right shoulder and right arm and has been seen by several physicians. Studies have included x-rays, MRIs and EMG/NCV. The treatment plan has included chiropractic manipulation, medications and trigger point injections. The patient continues to complain of chronic pain and right upper extremity weakness and tenderness with radicular pain.

Requested Service(s)

Cervical Discogram at C4-7

Decision

It has been determined that the cervical discogram at C4-7 is not medically necessary.

Rationale/Basis for Decision

The medical record presented for review made mention of a carpal tunnel release, ulnar nerve transposition and EMG/NCV studies, however no reports were included. The study requested is a diagnostic study, which some surgeons feel may provide valid information relative to the cervical level of pain generation in patients that are surgical candidates. This patient has chronic pain syndrome and the documentation presented does not provide evidence that she is a good surgical candidate. Without adequate documentation to the contrary, a cervical discogram at C4-7 is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,